

**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number:	RWB-040US1
First Named Inventor:	Jeffrey Hutchinson
COMPLETE IF KNOWN	
Application Number:	To be assigned
Filing Date:	July 21, 2003
Art Unit:	1761
Examiner Name:	Thuy Tran Lien

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PRODUCING A DOUGHNUT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
GB 0005340.5	Great Britain	03/07/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here
OR
☐ Practitioner(s) named below:


Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name: Costas S. Krikelis, RatnerPrestia

Address: P.O. Box 1596

City: Wilmington

State: Delaware

Zip: 19899

Country: USA

Telephone: (302) 778-2500

Fax: (302) 778-2600

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Jeffrey

Hutchinson

Inventor's Signature _____

Date: _____

Residence: City: London

State:

Country: Great Britain

Citizenship: Great Britain

Mailing Address: 226 St. Johns Way, Upper Holloway

City: London

State:

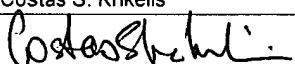
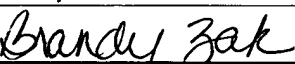
Zip: N19 3RL

Country: Great Britain

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Rogers	
Inventor's Signature _____		Date: _____	
Residence: City: London	State:	Country: Great Britain	Citizenship: Great Britain
Mailing Address: 43 Lowndes Street			
Mailing Address:			
City: London	State:	Zip: SW1X 9HX	Country: Great Britain
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on		Supplemental Sheet(s).	

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) RWB-040US1											
In re Application of Jeffrey Hutchinson & Kevin Rogers													
Application Number Not yet assigned		Filed July 21, 2003											
For METHOD AND APPARATUS FOR PRODUCING A DOUGHNUT													
Group Art Unit 1761		Examiner Thuy Tran Lien											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. I am the attorney or agent of record.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0350</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____												
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED													
Name (Print/Type)	Costas S. Krikelis	Registration No. (Attorney/Agent)	28,028										
Signature		Date	July 21, 2003										
CERTIFICATE OF MAILING OR TRANSMISSION													
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.													
Name (Print/Type)	Brandy Zak												
Signature		Date	July 21, 2003										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.													
<input type="checkbox"/> *Total of _____ forms are submitted.													

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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